

UNITED STATES DISTRICT COURT

for the
Southern District of Illinois

Adam Lynn Bone)
)
) Case Number: 24-696-JPG
) (Clerk's Office will provide)
)
)
) Plaintiff(s)/Petitioner(s)
)
) v.
) Jail Administrator, Matt McClenky,)
) Sheriff, Ronnie Stevens,) pursuant to 42 U.S.C. §1983 (State Prisoner)
) Chief Deputy, Steve Condit,) ☐ CIVIL RIGHTS COMPLAINT
) Nurse Amber (Last Name Unknown), and) pursuant to 28 U.S.C. §1331 (Federal Prisoner)
) Fayette County) ☐ CIVIL COMPLAINT
) Defendant(s)/Respondent(s)) pursuant to the Federal Tort Claims Act, 28 U.S.C.
) §§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff: Adam Lynn Bone

A. Plaintiff's mailing address, register number, and present place of confinement.

Defendant #1:

B. Defendant Matt McClenky is employed as
(a) (Name of First Defendant)

Jail Administrator
(b) (Position/Title)

with Fayette County Jail and Sheriff's Department
(c) (Employer's Name and Address)

221 South 7th St, Vandalia, IL. 62471

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain: Matt McClenky is, and was, still the Jail Administrator for the Fayette County Jail and Sheriff's Department.

Defendant #2:

C. Defendant Ronnie Stevens is employed as
(Name of Second Defendant)

Sheriff
(Position/Title)

with Fayette County Jail and Sheriff's Department
(Employer's Name and Address)

221 South 7th St., Vandalia, IL 62471

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain: Ronnie Stevens is, and was, the Sheriff with the Fayette County Jail and Sheriff's Department.

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

#3 Steve Coody, Chief Deputy Employer: Fayette County Jail and Sheriff's Dept.
Address: 221 South 7th St., Vandalia, IL 62471 (Chief Deputy Now and Prior)

#4 Amber (Last Name Unknown), NURSE Employer: Fayette County Jail and Sheriff's Dept.
Address: 221 South 7th St., Vandalia, IL 62471 (Nurse Now and Prior)

#5 Fayette County, Local County Governing Jurisdiction and Body
(Governing Body Now and Prior)

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☐ Yes ☒ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. **List ALL lawsuits in any jurisdiction and indicate the court where they were filed to the best of your ability**, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits: N/A ↓
Plaintiff(s):

Defendant(s):

2. Court (if federal court, name of the district; if state court, name of the county):

3. Docket number:

4. Name of Judge to whom case was assigned:

5. Type of case (for example: Was it a habeas corpus or civil rights action?):

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

2. What was the result?

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

All copies of grievances attached hereto:

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.**

(See following insert)

7. Approximate date of filing lawsuit:
8. Approximate date of disposition:
9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?"

III. GRIEVANCE PROCEDURE

- A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No
- C. If your answer is YES,
 1. What steps did you take? *All Procedural Steps*
 2. What was the result?
Unsatisfactory Results / No written responses
- D. If your answer is NO, explain why not.
- E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No
- F. If your answer is YES,
 1. What steps did you take?

Date(s) of the occurrence On going occurrences from 02-04-2023 - 07-02-2023

State here briefly the FACTS that support your case. Describe what each defendant did to violate your federal rights. You do not need to give any legal arguments or cite cases or statutes. Number each claim in a separate paragraph. Unrelated claims should be raised in a separate civil action.

THE COURT URGES YOU TO USE ONLY THE SPACE PROVIDED. Federal Rule of Civil Procedure 8(a) requires only a "short and plain statement" of your claim showing that you are entitled to relief. It is best to include only the basic, relevant facts, including dates, places, and names.

8th Amendment Violation: Cruel and Unusual Punishment

Condition #1

As per Jail/Corrections procedure, I was not evaluated by the nurse within the mandated (14) fourteen days. I am in the strictest sense of the definition a special needs inmate as I am a victim of (CHF) Congestive Heart Failure. The Nurse and Matt McConky have been complicit in this lackadaisical and Indifferent Approach to my proper medical needs.

Condition #2

I have been directly denied, by the Nurse at this facility, access to a physician ordered, low cholesterol diet. Likewise, through ignoring my grievances, Matt McConky (J.A.) and the Sheriff, Ronnie Stevens, and the Chief Deputy, Steve Cordie have indirectly denied the same diet. C/o Terry (last name unknown) was present when said nurse told me specifically as follows: "The Fayette County Jail doesn't offer or provide low cholesterol (Sodium) diets. It's not only immoral, but also illegal for a Nurse to alter and supercede a prior specialist's order. I was also ordered to take and record my vital signs on an hourly basis. Prior to 05-11-2023, I had only had my vital signs taken on two occasions during the length of my detention. To date I am still only being monitored only twice a week. Likewise, I was ordered to keep a daily log of my weight to track weight loss or gain as it is indicative of fluid retention and further deterioration of proper heart function. I have yet to see a scale, much less use it to perform this specialist ordered precautionary task. I have continuously verbally requested to be allowed to these tasks, to no avail. To date, I have filed (3) three grievances related to these issues. I've still yet to receive a response to any grievance at any level, top to bottom.

Condition #3

Open Heart Surgery Order: Since having spoken with Matt McConky, and my attorney, I still haven't been given a sensible reason as to why my appointment for open-heart surgery has not been set up and completed. Background: I was informed and directed by my specialist that I would need to set an appointment for my surgery as soon as I was able after my release from the hospital in Springfield IL. The soonest I could have been able to do so was, approx., around the first month of 2023, when I was able to change my plan to one that would include my specialist's expenses. I was incarcerated at the Fayette County Jail before I could complete the full process. As I have been under the custody of Fayette County Jail, I am in no position to set up the aforementioned appointment. As it stands, I am at the mercy of the Nurse, the on-call doctor, and the Fayette County jail officials to see to all of my medical and dietary needs. There is not a single person from the Judge, down to the Sheriff, and even the Nurse who is not aware of the specialist's orders and my pre-existing heart problems. The presiding Judge in my cause of action has already ordered, in court and on the record, that my medical transcripts and records were to have been requested from the HSHS St. John's Hospital in Springfield IL. Thus far, neither the Nurse, nor the Jail Administrator, Matt McConky, have lifted a finger to obtain said documents.

Condition #4

I was deprived of my medication for ten(10) days. From 04-02-2023 to 04-12-2023, I was not administered my prescribed, necessary medications, specifically my medication for my heart. This incident occurred beginning two days after having been transported to the Sarah Bush Lincoln Fayette County Hospital for chest and back pains. This was allowed to occur in spite of the fact that I had the necessary medications in my personal property at the Fayette County Jail. My Heart Medications was only one of four(4) medications I missed over the period of several days. The Nurse (Name Unknown) in the employ of the Fayette County Jail, The Sheriff, and the Jail Administrator (Matt McConky) have all failed to comply with State and Federal rules, regulations, and laws established to protect inmates from harm, both physical and psychological. This incident is only the first of three(3) incidents in which this occurred; 07-02-2023 is the most recent of the

three (3) incidents. On 07-02-2023 I ran out of my evening med gabapentin for leg, and other extremity pains. This failure to re-order my medication on time is recurring and completely avoidable. I am in constant fear and states of anxiety over this matter. It is my firm belief that the longer I am in the custody of the Fayette County Jail the shorter my life expectancy becomes.

Condition #5

I have suffered chest pain on several occasions throughout my detention at the Fayette County Jail because there is no on-site/on-call Nurse to interpret medical realities, and the Corrections Staff are only given a brief run-down on the dangerous and/or regularly acceptable ranges of what a normal blood pressure range should read. The important fact is that they are basing medical decision on a measurement set for healthy hearts. My heart is neither normal nor healthy from a medical perspective. Any fluctuation, up or down, in my blood pressure could be potentially fatal. I do not hold the day-to-day Corrections staff accountable in any instance in which they have accommodated my needs to the best of their ability and training. It is the Nurse/Medical Staff first, and the Jail Administrator ultimately, who are responsible for the proper training programs to make Corrections Staff properly prepared to rightly know and diagnose a dangerous situation, medically speaking, when it happens. On each recorded incident, the Nurse has never called me in to see her for a follow-up to check on my personal well-being and safety. The stress and constant anxiety caused by the treatment at the hands of the Medical and Administrative Staff's, respectively, is constant and probably most detrimental of all the dangerous conditions created by the same aforementioned persons.

RELIEF REQUESTED

(State what relief you want from the court.)

(Following pages)

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

(See Next Page)

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed
on:

03/08/24
(date)

Adam L Bone
Signature of Plaintiff

Robinson CC 13423 E
Street Address

Adam L Bone
Printed Name

1150th AVE
Robinson, Illinois 62454
City, State, Zip

Prisoner Register Number

Signature of Attorney (if any)

On-going Pattern of Deliberate Indifference to Inmate Medical Needs (Medication)

Since this is a recurring issue that will soon be headed to the Federal District Courts, and no one is doing anything about it, I am merely filing this newest grievance so as to secure this incident(s) for the record.

On 07/13/2023, I did not receive one of my A.M. medications. % Melissa Navel told me it was one that started with an "S". It is nice to know that the person responsible for my medication cared so little that she didn't even know the name of the missing medication. The only medication I take that starts with an "S" is Spirenelock.

On 07/11/2023, I did not receive my Busparone, my anti-anxiety medication, Second only to my heart medication. Busparone keeps my anxiety low which helps regulate my heart-rate. I told % Logan on two (2) occasions to remind % Tyson to check on my missing medication, and reminded % Tyson twice also, neither of them got back to me with an answer.

On the date(s) 07/02/2023 through 07/07/2023, I did not receive my P.M. med, Gabapentin. This Medication is neurological and controls my

- 1) If, upon hearing of this Civil Action, I have not yet been sent to the proper surgeon(s), I request that the Court order that I am set up with the necessary specialist(s) and receive the Heart Surgery for the repair of my leaking Heart Valve and weakened Heart Quadrant(s) and muscle wall as was ordered by the physician in Springfield Illinois;
- 2) That any and all bill(s), fee(s), and expense(s) that are incurred as a result of the aforementioned Heart Surgery and related treatment(s), present and future, be paid in full at the expense of the County of Fayette, Vandalia Illinois and/or The Fayette County Jail and the Officials thereof;
- 3) That the Officials and Staff named in this Civil Action be reported to the necessary over-sight committee(s) and proper Medical and/or Administrative Review Boards or Commissions for proper and just review of their action(s) and behavior(s); as far as the Courts Authority will permit; and
- 4) Any Pain and Suffering and/or Punitive Damage monetary amount(s) be awarded to the Victim/Petitioner, and existing Victim's Impact Fund(s) that may exist, as may be deemed just and equitable in the eyes of the Federal District Court Prosecution, the Honorable, Federal Magistrate Justice, and/or Federal Civil Jury.

(R.L.S.) Restless Leg Syndrome helping me sleep more easily. When I am sleeping fitfully throughout the night the loss of sleep causes me to experience physical and psychological distress that leads to bouts of anxiety, which, in turn, elevates my heart-rate.

Relief Requested:

I am not sure what relief I can request that I haven't requested in prior grievances. So, I am simply requesting that this newest grievance and issue be added to the record and I will allow the Federal Courts to decide what relief is best.

Respectfully,
Adam Brou

RE: Deliberate Indifference to Redress in Federal Court

On 07/04/2023, through % Gauge, I sent a request the Jail Administrator, Matt McConky, along with a Certification Form and request for a six (6) month ledger of my trustfund account. % Gauge place said form and request in the proper recepticle for Matt McConky's review and response. It is now 07/07/2023, and I have yet to receive the signed Certification and Trust Fund Ledger from J.A. Matt McConky. This is a necessary component to the proper filing of my inevitable § 1983 Civil Complaint to be filed in the Federal District Court of the Southern District of Illinois. Since my time is growing short at this facility it is essential that I receive this signed Certification and ledger with extreme alacrity.

Every day that passes hinders my progress in seek my right to redress in the above-mentioned Court. Whether or not this delay is being done with malicious intent remains to be seen, but, in the future it will be approached as such.

Relief Requested:

I am requesting that this above-mentioned Certification form and requested Trust Fund Ledger be completed, signed, and returned to me with the utmost haste.

Thank you for your time and immediate attention with respect to the matter described in the body of this grievance.

Re #1 On-going, Deliberate Indifference to Medical Needs (07-05-23)
(Life saving Heart Surgery)

Since entering this facility, the Fayette County Jail at Vandalia Illinois, my Specialist Ordered Heart Surgery has been intentionally put off and ignored. This has occurred on a continual basis for six (6) months, the most recent of the incidents ignored occurred on 06-20-2023 at 8:00 am.

On 06-20-2023 I was taken from the Fayette County Jail to be seen by a local Vandalia Doctor, not a heart specialist as I requested, by the Jail Administrator Matt McConky. Said Doctor in this matter said, in no uncertain term, that he would "have something lined out" by the end of the week. The end of the week in question, and in plain language, denoting the week in which I was taken to see him. The end of the particular week is 06-23-2023, and has long since come and gone.

It is now 07-05-2023, and have been more than accommodating to giving necessary time for Matt McConky, in his official capacity to assure that the surgery appointment has indeed been "lined up". Even if the Doctor "Dropped the Ball", so to speak, that does not negate Matt McConky's clear duty to protect and see to the immediate and life saving/extending medical needs of inmates at his Jail. Matt McConky has not done his due diligence to contact the Doctor by whom I was seen to make certain that he had "lined up" something as he told both of us would be done. One would think McConky would want to ascertain as to why the immediate medical needs

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of an inmate under his charge and protection have yet to be met? Since Matt McCorky is personally aware of the doctors implied guarantee to "line up something by the end of the week" (06-23-2023), and has on numerous occasions ignored my verbal and written requests in this matter, I am left to be inclined to believe that this is but another example of His ongoing and Deliberate Indifference to my immediate and potentially life saving medical needs (Heart Surgery). An offense which is in clear dereliction of his duties as a capable and even mildly competent Jail Administrator. I absolutely refuse to face a potential death/penalty for a minor, non-capital drug offense by Matt McCorky or any other person or entity outside of the Judiciary because He/She believe Him/Herself to be immune to penalties or untouchable. I fail to see, at this point, how I should expect any requested relief to be granted by internal jail processes; however, I have some suggestions all the same.

Relief Requested:

- 1) That it be arranged to procure my release on the ground of emergency medical waiver and release;
- 2) That the Jail Administrator, Sheriff, etc. make immediate and direct request to the Prosecution and Court that any/all pending offenses leveled against my person are to be dismissed with prejudice to the County and State in some fashion; and
- 3) That I be allowed, by legal means, to return to Civilian Life to see to my own immediate and necessary medical needs as it would appear that the County and County Jail officials are not willing to do so.

Issue: Deliberate Indifference to Medical and Dietary Needs

According to Court Decisions aplenty, "all" of Corrections facilities are required to provide special diets according to the nature of an inmates condition and a prior doctors order. In this instance, my heart specialist and a low sodium diet.

Since arriving at the Fayette Co. Jail, Vandalia IL, I have personally spoken to Corrections and Administrative Staff regarding my doctor ordered low Sodium Diet. Likewise, a prior grievance has been filed regarding this matter. To date, I have not received an answer or response at any level of the process. As such, I have formally exhausted all Corrections remedies by Staff's default and wanton disregard for procedure. Also, I have seen the Contracted Nurse who has told me, in no uncertain terms, that the Fayette Co. Jail doesn't provide for "special diets" on two occasions. The same nurse has refused to due her due diligence as a Court Mandated Reporter to overturn this illegal, unwritten policy making herself complicit in this denial of my medical and dietary needs. Likewise, no one from the Administrative Staff, from the J.A. to the Sheriff to the Chief Deputy, have done anything to rectify this injustice against me, which constitutes a Constitutional level of deliberate indifference against me and my real medical needs. I have been suffering from increasing weakness, bouts of dizziness, and increasing chest pains since being in this facility. As such, I am unable to exercise to the same degree that I had been able to in prior months. It is my sincere belief that this is due to the conditions at this facility, the unhealthy diet of sodium saturated, processed lunch meats and salt laden foods, and the continuous stress and anxiety related to the continuous battle with the Administrative and Nursing Staff over my

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immediate health and dietary needs. It's causing me a great deal of unnecessary stress, anxiety, and strain on my heart muscle just knowing that my health is deteriorating daily due to my treatment at this facility.

This will be my final attempt to rectify this injustice perpetrated against my person at the Correctional level. I am currently less than one week from completing an 8th Amendment Civil Complaint under the Prisoners 1983 provision. I expect to hear something immediately or I will be forced to file a second 1983 Civil Action against this Administrative Body for Deliberate Indifference to Medical Needs. I have suffered quite enough, psychologically and physically, at the hands of the Medical and Administrative Staff at the Fayette Co. Jail, Vandalia, TN.

Thank you in advance for a speedy disposition with regard to this matter.

Relief Requested:

I am, at this time, requesting to see a specialist in Springfield Illinois to run a battery of tests to compare my condition (present) to my condition (Past) to determine the degree of deterioration my health has suffered due to the Conditions at this facility. I am also requesting that I be granted the right to my doctor required low Sodium Diet.

Adam Lynn Bone

RE: Deliberate Indifference to Redress in Federal Court

On 07/04/2023, through % Gauge, I sent a request the Jail Administrator, Matt McConky, along with a Certification Form and request for a six (6) month ledger of my trustfund account. % Gauge place said form and request in the proper recepticle for Matt McConky's review and response. It is now 07/07/2023, and I have yet to receive the signed Certification and Trust Fund Ledger from J.A. Matt McConky. This is a necessary component to the proper filing of my inevitable § 1983 Civil Complaint to be filed in the Federal District Court of the Southern District of Illinois. Since my time is growing short at this facility it is essential that I receive this signed Certification and ledger with extreme alacrity.

Every day that passes hinders my progress in seek my right to redress in the above-mentioned Court. Whether or not this delay is being done with malicious intent remains to be seen; but, in the future it will be approached as such.

Relief Requested:

I am requesting that this above-mentioned Certification form and requested Trust fund Ledger be completed, signed, and returned to me with the utmost haste.

Thank you for your time and immediate attention with respect to the matter described in the body of this grievance.

PG#1 Deliberate, Recurring Indifference to Medical (Medication)

Body of Substance of Grievance:

As this is a recurring issue it is fit to discuss prior instances when my necessary medications were allowed to run out for a number of consecutive days. Prior grievances have been written and filed on this specific problem; yet, it still persists when the matter should have been resolved long ago.

On 07-02-2023, my gabapentin (RLS) Restless leg Syndrome med was allowed to run completely empty, once again, before any attempt to have it refilled was made. This has happened on three (3) different occasions, and why it keeps occurring is beyond my comprehension. I have written prior grievances and made numerous verbal pleas and complaints with regard to this issue directly to % Melissa Navel and the Jail Administrator, Matt McConky, the two main individuals tasked with accomplishing my daily doses of medications and medical needs. % Navel separates my medications into individual, daily, A.M. and P.M. doses, and, as such is the person who bears the real responsibility of notifying the Nurse / Medical Staff when my medication are running low and need a refill in a timely manner. % Navel is in dire and direct dereliction of her clear duty to do just that. On three (3) separate occasions now, within a six (6) month period, % Navel and the Nursing Staff, has allowed for my medications to run out before reordering and reordering them. This is an unacceptable oversight as some of my medications have to be built up to specific levels in my system and maintained at the required level. In order to accomplish said levels the medication must be

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administered daily with no missed doses in between. On occasion it has been my heart medication and a combination of other medications for anxiety and ~~meds~~ ^{for} Blood Pressure. On other occasions, a combination of anxiety and neurological medications. The problem with missing my medication for my heart should be readily apparent. Important all the same, but possibly, less apparently obvious, is the Gabapentin for my (BLS). Without this particular med I have suffered a constant state of interrupted sleep. This lack of continuous, healthy periods of uninterrupted sleep exacerbates my anxiety disorder causing extra strain on my already damaged heart valve and weakened heart muscle. While % Navoff is most culpable for creating these unhealthy and potentially life threatening conditions, J.A. Matt McLonky and the present Nursing Staff are, and should be considered, co-equals in culpability. The J.A. Matt McLonky and the Nurse at this facility are equally culpable and complicit in this egregious oversight and utter dereliction of their respective duties to see to my health and safety at this facility as they are well aware of my condition and each incident as well. I have spoken to each of the three (3) person on occasion about this matter. All have failed in their individual capacities to keep me safe, healthy, and protected according to their positions and duties thereof. All parties mentioned herein have failed me to such a degree that I believe, once again, rises to a constitutional level of deliberate indifference. From Corrections Officer level to all other levels of the grievance procedure I have never received a single written response according to procedure.

The occurrence dates are as follows: 02-02-2023 through 02-13-2023, 06-12-2023 through 06-14-2023, and 07-02-2023 through, to present indeterminate. I have had quite enough of wasting paper, time, and

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my voice, trying to get this problem resolved. The Employees and Officials of this Facility have left me little choice, but to take this issue public, and to the Federal District Court.

Relief Requested: || ||

- 1) That an immediate investigation be launched into the behavior, and ensuing dereliction of duty, of both % Melissa Navel and Jail Administrator Matt McConky by the Sheriff, Ronnie Stevens and Internal Affairs;
- 2) That both % Navel and J.A. Matt McConky be placed indeterminate Administrative Leave of Absence until completion of the requested investigation as I have concern over retaliatory acts by both; and
- 3) Upon findings of said investigation both % Navel and J.A. Matt McConky's behavior and dereliction of duty be evaluated in order to determine whether either are fit to retain their respective positions at the Fayette County Jail, Vandalia Illinois.

Thank you for your time and consideration in this matter. I fully expect that, at all levels, this final grievance will be handled in accordance with procedure and protocol including, but not limited to, written responses at all levels.

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8th Amendment Violation Cruel and Unusual Punishment. 14th Amendment Violation Clear Deprivation of Life, Liberty, and the Pursuit of Happiness. (Dangerous Medical Condition)

It is my belief that the officials and contracted staff at the Fayette County Jail have committed such egregious acts against my person that, due to a totality of circumstances, has risen to the level of a substantial 8th and 14th Amendment violation. I have filed a prior grievance in relation to this matter w/ regard to being w/o medications for ten (10) days. A grievance that I have never been given a response to. Witnesses to these Violations and Deliberate Acts are as follows:

Conditions

Conditions: [REDACTED] by Number

#1:

As per Jail/Corrections procedure, I was not evaluated by the Nurse within the allotted 14 days. I am, in the strictest sense of the term, a special needs inmate as I am a victim of (CHF) Congestive Heart Failure. This "nurse" and Matt McConky have been complicit in this lackadaisical approach to, not only mine, everyone else's health care as well as my own.

#2:

I have been openly denied by the nurse at the Fayette

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County Jail access to a physician ordered low cholesterol diet. Yo Terry (last name unknown) was present when said nurse told me specifically as follows: "The Fayette County Jail does not offer or cater to low cholesterol diets (Sodium)." It's not only immoral, but also illegal for a nurse to superceed a prior doctors order. I was also ordered to take and record my vital signs on an hourly basis. Prior to 05-11-2023, I had only had my vital signs taken on two occasions during the length of my detention. Likewise, I was ordered to keep a daily log of my weight to track weight gain or loss as it is indicative of fluid retention and potentially further heart problems due to my condition. I have yet to so much as see a scale, much less use it to perform this specialist ordered precautionary task. I have continuously requested, verbally, to be allowed to perform and fulfill these tasks, to no avail. I have filed a prior grievance and haven't recieved a response to date.

#3

Open Heart Surgery order: Since having spoken with Matt McCorky and my attorney I still haven't a sensible explanation as to why my necessary appointment for surgery hasn't been set. I was informed by a specialist that I would need a surgery appointment set as soon as I could

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upon release from the hospital. The soonest I would have been able to do anything with said appointment was to be, approximately, around the first month of 2023 when I was eligible to change my insurance coverage to a plan that include the necessary specialist's expenses. As I am in the custody of the Officials at the Fayette County Jail, I am in no position to set the ordered appointment of my own free will. I am, as it were, at the mercy of the nurse, on call Doctor, and the Officials at the Fayette County Jail to make possible the aforementioned appointment possible. As it stands, there is no one from the Presiding Judge down to the Sheriff all the way to the Nurse who is not aware of the prior existing Doctor's order and my pre-existing heart condition. The Presiding Judge has already ordered, in court and on the record, that my medical records and transcripts are to have been requested from the HSHS St. John's Hospital in Springfield Illinois. Thus far, Neither the Nurse nor the Jail Administrator, Matt McConky, have lifted a finger to request the necessary documents and Medical Transcripts from St. John's Hospital in Springfield Illinois or the Memorial Hospital in Greenville Illinois. The Court Records can confirm my very words that the State's Attorney and my public Defender, Mette, were made aware and directed to have the jail officials comply with his order.

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Conditions

#4

I did not receive my proper medications for ten (10) days. From 04/02/2023 to 04/12/2023 I was not administered my proper and necessary medications, specifically my heart medication. This began not but a mere two days after having been transported to the Sarah Bush Lincoln Fayette County Hospital for Chest Pains. This was allowed to occur in spite of the fact that I had the necessary medications in my personal property. My heart medication was one of four medications that I missed over a period of several days. The incompetent Nurse in the employ of the Fayette County Jail and the Jail Administrator did not perform their clear duty to assure my safety against exacerbated, pre-existing medical conditions (i.e. CHF). The Nurse and Matt McCorky, along with Shift Supervisor on the Day shift, % Melissa, who is responsible for daily medication count, are all responsible for failing to comply with State and Federal Rules, Regulations, and Laws set to protect inmates from harm. % Melissa told me that the Nurse ordered it, but must have ordered it the wrong way. Since she, the Nurse, is here twice a week, I find it hard to believe she ordered it in an incorrect manner a minimum of (3) three times in a (10) ten day period. It is my belief that each of them dropped the ball, so to speak, because they are never held to account for their Indifference.

x2

Conditions:

Pg. 5

4 Cont...

It wasn't until I spoke with % Gauge, that I was able to get access to some of my medications that were in my personal property. He retrieved my meds. from my property and was able to replace, temporarily, my heart medication and a number of the other (3) three missing meds that I had been deprived of for too long. % Gauge may likely have saved my life by his compassion for his fellow human being, and especially since I had not long before I had been taken to the G.R. at Sarah Bush Lincoln Fayette County Hospital for Chest and Back Pain by % Seth and Aaron (accurately, they called EMT's). I was accompanied at the Hospital by % Terry. % Terry witness the lunacy of the doctor call me a real miracle, and nothing was wrong with my heart. The few times since intake and returning from the hospital that I was even offered a blood pressure cuff was during the month of May by % Tyson, Kevin, and Aaron, 11th & 14th. They kept a regular eye on me throughout their respective shifts. % Logan has been another in the aforementioned shifts to help out as best he was able in his level of training. Some of these %'s have taken real measures to save my life and keep me healthy.

5

I have suffered unattended chest pain on several occasions throughout my detention at the Fayette County Jail because there is no on sight nurse, to

Conditions

page 6

#5 cont...

interpret medical realities, and staff are given a brief run-down on what is the dangerous range w/regard to blood pressure in a normal heart. The key is that it is the dangerous range for a normal heart. My heart, on the other hand, is not normal. Any fluctuation up or down of my blood pressure could be potentially fatal. If, however, the Corrections Staff (Not Medical Staff) is told by the medical staff that something is this or that without further explaining other possible deviations from the normative, how could one be able to directly blame the Corrections Staff? The Nurse first, and the Administrator ultimately, are responsible for proper training programs to make staff (Corrections) prepared to rightly know and diagnose a real dangerous situation, medically speaking, when they see it. This nurse doesn't even bother to follow up with an inmate after an incident has occurred. Since 05-11-2023 (% Tyson on the 11th) (% Kevin on the 14th x2), I have had some worsening chest pain and two occasions upon which I have been given vital sign checks. Not since each check has the Nurse called me for a follow up visit to check on my condition. It is my belief that the gap of ten (10) days in which my medication was not available (heart medication), the delay in the

Conditions

pg 17

#5 Cont.

doctor's ordered surgery, and the continuous stress related to my worsening chest pain and condition is the fault of these same aforementioned persons: The Nurse, The Doctor, The Day Shift Staff lead, Melissa, and most of all Matt McConky. The Stress is constant and not healthy for an already damaged heart. The constant stress and senses of helplessness, hopelessness, and depression is probably most dangerous of all of the conditions created by the officials of the Fayette County Jail.

Relief Requested:

I am, at this time, requesting the following, needs be met:

- 1) That I am, immediately, to be set up with a specialist to receive the heart surgery that I have been ordered to receive for my leaking valve and my weakened heart wall;
- 2) That the Surgery and all related expenses be paid for in full by the County of Fayette and the Fayette County Jail;
- 3) That Matt McConky, The Fayette County Jail's Nurse, and % Melissa be forced to step down and/or retire from their positions; and
- 4) I receive pain and suffering compensation in the amount of \$150,000.00 (one-hundred & fifty-thousand)

The Sodium in Your Diet



What about seasonings?

- There is as much sodium in sea salt and Kosher salt as there is in regular table salt. Limit these just like you limit table salt.
- Salt substitutes: Ask your nurse, doctor, or dietitian if these are okay for you to use.
- Stay away from flavored salts, lemon pepper, garlic salt, onion salt, meat tenderizers, flavor enhancers, bouillon cubes, ketchup, mustard, steak sauce and soy sauce.
- Choose onion powder or garlic powder instead of garlic salt. Fresh herbs have no salt.

Regular Canned Tomatoes

Nutrition Facts

Serving Size $\frac{1}{2}$ cup (126g)
Servings Per Container $3\frac{1}{2}$

Amount Per Serving

Calories 25 **Calories from Fat** 0

% Daily Value*

Total Fat 0g 0%

Saturated Fat 0g 0%

Cholesterol 0mg 0%

Sodium 250mg 10%

Total Carbohydrate 6g 2%

Dietary Fiber 2g

Sugars 2g

Protein 1g

Vitamin A 10% Vitamin C 15%

Calcium 2% Iron 2%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Low Sodium Canned Tomatoes

Nutrition Facts

Serving Size $\frac{1}{2}$ cup (126g)
Servings Per Container $3\frac{1}{2}$

Amount Per Serving

Calories 25 **Calories from Fat** 0

% Daily Value*

Total Fat 0g 0%

Saturated Fat 0g 0%

Cholesterol 0mg 0%

Sodium 50mg 2%

Total Carbohydrate 6g 2%

Dietary Fiber 2g

Sugars 2g

Protein 1g

Vitamin A 10% Vitamin C 15%

Calcium 2% Iron 2%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Here is an example of a food label that shows the difference between regular sodium (on the left) and reduced (low) sodium (on the right) canned tomatoes. See that there are $3\frac{1}{2}$ servings ($\frac{1}{2}$ cup each) in each can. The food label tells you how much sodium is in one serving. A good rule of thumb is to try and eat nothing that has over 150mg of sodium in 1 serving.



Enjoying Life While Managing Heart Failure: The Sodium in Your Food

Most Americans eat too much sodium (salt), which can increase your blood pressure. Too much sodium in your food can also make you retain (hold) extra fluid when you have heart failure. This makes your heart work harder. Fluid buildup can result in (1) fluid in your lungs which causes trouble breathing and (2) swelling (edema) especially in your legs.

It is a good habit not to add salt to your food when cooking or at the table, but the salt shaker only adds a small part of the sodium we eat. Most sodium comes from packaged, processed, store-bought and restaurant foods.

Every patient's condition is a little different. Talk to your nurse or doctor about any special instructions for you. There is no one standard sodium limit for all patients with heart failure.

An example of how to manage your sodium limit: Your nurses and doctors tell you to eat less than 2500mg of sodium in a day. One way to do this is to plan your meals so that you eat 700mg of sodium or less each meal. This allows you 400mg throughout the day for low sodium snacks such as fruits, raw vegetables, low sodium cereals, unsalted nuts and unsalted pretzels.

Almost half (44%) of the sodium we eat comes from the very common foods on this list. You might not think about food like bread having a lot of salt. But when you eat a few servings a day, it adds up. There are many low sodium choices in these food groups. Learning to read food labels is really important. Eating a lot of fresh fruits and vegetables and foods you make yourself will help keep your sodium intake lower too.

- Breads and rolls
- Cold cuts and cured meats
- Pizza
- Poultry
- Soups
- Sandwiches
- Cheese
- Pasta dishes
- Meat dishes
- Snacks

How to Reduce the Sodium in Your Diet

- Read Nutrition Facts labels on the foods you buy when shopping. This can help you find the lowest sodium choices of your favorite foods.
- Eat more fruits and vegetables—fresh, frozen (without sauce), or “no salt added” canned products. If you eat canned or processed foods, rinse them with water before you cook or eat them.
- Limit processed foods that are high in sodium (hot dogs, lunch meat, frozen pizza, and canned soups).
- When eating at a restaurant, ask for no salt to be added to your food. Ask for sauces or dressings on the side and just put a little on your food.
- Don't eat snacks from a vending machine.
- Ask your nurse or doctor if you should avoid any medicines, especially “fizzy” ones that some people take for indigestion or headache. These may be high in sodium.

What you need to know about congestive heart failure.



1. Weigh yourself consistently.

- Weigh daily after you first wake up.
- Empty your bladder before weighing, but before you dress or eat.
- Wear similar types of clothing each time you weigh.

2. Limit your daily sodium (salt) intake to no more than 1,500 - 2,000 mg/day.

- Fresh/frozen foods are better choices than canned/boxed foods.
- Rinse canned foods.
- Choose foods with less than 300 mg of sodium per serving **OR** less than 10% of daily value of sodium.

3. Fluid restrictions

- You may be asked to restrict fluid intake (coffee, tea, water, soda, juice, etc.).
- Typically, 48 - 64 ounces of fluid intake is sufficient.
- Please discuss with your physician if you have any questions regarding fluid intake.

4. Take medications as prescribed by your physician or his/her staff.

- If you need refills, call your pharmacy two to three days before you need the medication.
- If you are on the CHF remote monitoring program and receive "extra" doses of diuretic, you may need refills sooner. Always be aware of how many pills you have on hand.

5. Follow your exercise plan as directed.

- Your goal should be to exercise (walk) 30 minutes most days of the week.
- The 30-minute goal may be split into two 15-minute sessions **OR** three 10-minute sessions.
- Ask your cardiac rehab nurse or physician/cardiologist if you are eligible to attend cardiac rehab.

6. Call your physician/cardiologist for any of the following:

- You gain three pounds or more overnight or five pounds in one week.
- You have heart failure symptoms such as foot/leg swelling, abdominal bloating, increased shortness of breath with activity or shortness of breath that wakes you up during the night.

7. Get your free interactive heart failure workbook online.

The American Heart Association website is a great resource.
Type this link into your web browser for access:
ahaheartfailure.ksw-gtg.com



Fayette County Jail

Detainee/Inmate Request Form

Detainee Name: Adam Carr Cell Block: A

Administration Section:

Request To Speak To The Jail Administrator

Request To Speak To a Minister

Request To Speak To My Attorney

Medication Section:

Nurse Visit \$20.00

Doctor Visit \$30.00

Dental Concern

POUCHES: WINTERGREEN, SPEARMINT

MANGO, GRAPE

@ \$11.50

Please describe your medical problem: On the 4th, I sent a Certification Form and

request for six months Trust Fund Account ledger. I am requesting
it to be signed and returned to me because it is fine sensitive
trust you.

Detainee Signature: Adam Carr

Date: 2/7/23

Fayette County Jail
Detainee/Inmate Request Form

Detainee Name: Adam Rose Cell Block: A

Administration Section:

Request To Speak To The Jail Administrator

Request To Speak To a Minister

Request To Speak To My Attorney _____

Medication Section:

Nurse Visit \$20.00

Doctor Visit \$30.00

Dental Concern

☒ \$11.50

POUCHES: WINTERGREEN, SPEARMINT

MANGO AND GRAPE

☒ \$11.50

Please describe your medical problem:

This is my third request for my Trust fund Account
Balance Statement and Contribution form. Thank You for answering my
request not even once -

Detainee Signature: _____ Date: _____

Fayette County Jail

Detainee/Inmate Request Form

Detainee Name: Adam Gore Cell Block: A

Administration Section:

Request To Speak To The Jail Administrator

Request To Speak To a Minister

Request To Speak To My Attorney

Medication Section:

Nurse Visit \$20.00

Doctor Visit \$30.00

Dental Concern

POUCHES: WINTERGREEN, SPEARMINT
MANGO, GRAPE

\$11.50

Please describe your medical problem: On the 4th, I sent a Certification Form and request for six months Trust Fund Account ledger. I am requesting it to be signed and returned to me because it's five sensitive trust you.

Detainee Signature: Adam Gore

Date: 7/7/23

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam BoneCellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)Grievance: 8th & 14th Amend. ViolationExplain Reason for Grievance: Medical TX Denial and Medication Denial and ignoring doctors order for necessary surgery... (See attachment)Detainee Signature: Adam BoneDate: May 17 2024

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam BoneCellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)Grievance: 84 & 14th Amend. ViolationExplain Reason for Grievance: Medical TX Denial and medication Denial and
ignoring doctor's order for necessary Surgery... (see attachment)Detainee Signature: Adam BoneDate: June 2, 2023

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: Adam Bone Cellblock: A

****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: 8th & 14th Amend. Violation

Explain Reason for Grievance: Medical TX Denial and Medication Denial and

ignoring doctor's for necessary Surgery... (See attachment)

Detainee Signature: Adam Bone Date: May 24, 2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam BoneCellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)Grievance: 8th & 14th Ammend. ViolationExplain Reason for Grievance: Medical TX Denial and Medication Denial and
ignoring doctor's for necessary surgery... (See attached)Detainee Signature: Adam BoneDate: 1/24/24

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)Grievance: Drugging, Deliberate Indifference to Medical Needs (open Heart Surgery)Explain Reason for Grievance: (See Attachment)Detainee Signature: Adam Bone Date: 07-06-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: _____ Cellblock: _____

****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)Grievance: *On-going Deliberate Indifference to Medical Needs (Life Saving Heart Surgery)*Explain Reason for Grievance: *(See Attachment)*Detainee Signature: *Adam Bone* Date: *07-05-2023*

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)Grievance: 8th & 14th Amend. ViolationExplain Reason for Grievance: Medical TX Denial and Medication Denial and ignoring
doctors order for necessary surgery... (See attachment)Detainee Signature: Adam BoneDate: May 17, 2024

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)Grievance: 8th & 14th Ammend. ViolationExplain Reason for Grievance: Medical TX Denial and Medication Denial andsignoring doctor's for necessary surgery... (See attached)Detainee Signature: Adam Bone Date: March 7, 2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail

Detainee/Inmate Grievance Form

Detainee Name:

Adam Bone

Cellblock:

A

****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: 8th & 14th Ammend. Violation

Explain Reason for Grievance: Medical TX Denial and Medication Denial and

Ignering doctor's for necessary Surgery... (See attachment)

Detainee Signature: Adam Bone

Date: May 24, 2023

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)Grievance: 8th & 14th Amend. ViolationExplain Reason for Grievance: medical TX Denial and medication Denial andignoring doctor's order For necessary Surgery... (see attachment)Detainee Signature: Adam Bone Date: June 2, 2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)Grievance: Deliberate Indifference to Release in the Federal CourtExplain Reason for Grievance: (See Attachment)Detainee Signature: Adam Bone Date: 07-10-2022

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)Grievance: Deliberate Indifference to Redress in the Federal CourtsExplain Reason for Grievance: (See Attachment)Detainee Signature: Adam Bone Date: 07-08-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail

Detainee/Inmate Grievance Form

Detainee Name: Adam Bone

Cellblock: A

INSTRUCTIONS

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: Deliberate Indifference to Medical and Dietary Needs

Explain Reason for Grievance: Wanted Disregard of Doctor ordered low sodium diet. (See Attachment)

Detainee Signature: Adam Bone

Staff Response: _____ Date: 06-30-2023

Staff Officer Signature: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Staff Response: _____

Date: _____

Staff Officer Signature: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Staff Response: _____

Date: _____

Staff Officer Signature: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: _____ Cellblock: _____

****INSTRUCTIONS****

1. **Print** all information.
2. **Provide** as much information as possible.
3. Place an **X** in the box you are requesting information or assistance.
4. **Complete (1) Detainee Grievance Form** for each section checked.

Step # 1 Hearing (Correctional Officer)Grievance: On-going Deliberate Indifference to Medical Needs (Life Saving Heart Surgery)Explain Reason for Grievance: (See Attachment)Detainee Signature: Adam Bone Date: 07-05-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: /

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Payette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)Grievance: Deliberate Indifference to Medical and Dietary NeedsExplain Reason for Grievance: (See Attachment) Warden Disregard for Doctor Ordered Low Sodium DietDetainee Signature: Adam Bone Date: 07-08-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Payette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: Adam Bone Cellblock: 12

****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: Deliberate Indifference to Medical and Dietary Needs

Explain Reason for Grievance: (See Attachment) Untrue Disregard for Doctor Ordered

low Sodium Diet.

Detainee Signature: Adam Bone Date: 07-06-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)Grievance: Deliberate Indifference to Medical and Dietary NeedsExplain Reason for Grievance: (See Attachment) Worker Disregard of Doctor OrdersDetainee Signature: Adam Bone Date: 07-06-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Payette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam BoneCellblock: A****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)Grievance: Deliberate Indifference to Medical and Dietary NeedsExplain Reason for Grievance: Wanton Disregard of Doctor ordered low sodium diet. (See Attachment)Detainee Signature: Adam BoneDate: 06-30-2023

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Payette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam BoneCellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)Grievance: Deliberate Indifference to Medical Needs (Medication)Explain Reason for Grievance: (See Attachment)Detainee Signature: Adam BoneDate: 07-08-2023

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: Adam Bone Cellblock: A

****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: Deliberate Indifference to Medical Needs (medication)

Explain Reason for Grievance: (See Attachment)

Detainee Signature: Adam Bone Date: 07-06-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam BoneCellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)Grievance: Deliberate Indifference to Medical Needs (Medication)Explain Reason for Grievance: (See Attachment)
_____Detainee Signature: Adam BoneDate: 07-06-23Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: _____ Cellblock: _____

****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)Grievance: Deliberate Indifference to medical needs (Medication)Explain Reason for Grievance: (See Attachment)Detainee Signature: Adam Boone Date: 07-05-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam Bone Cellblock: A****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)Grievance: On-going, Deliberate Indifference to Medical NeedsExplain Reason for Grievance: (See Attachment) (open Heart Surgery)Detainee Signature: Adam Bone Date: 07-08-2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**Detainee Name: Adam BoneCellblock: A****INSTRUCTIONS****

1. **Print all information.**
2. **Provide as much information as possible.**
3. **Place an X in the box you are requesting information or assistance.**
4. **Complete (1) Detainee Grievance Form for each section checked.**

Step # 1 Hearing (Correctional Officer)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)Grievance: On-going, Deliberate Indifference to Medical Needs (open Heart Surgery)Explain Reason for Grievance: See Attachment
_____Detainee Signature: Adam BoneDate: 07-06-2023Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: Adam Bone Cellblock: A

****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: Deliberately Hold Inmate's Right to proceed in Redress to Federal Court

Explain Reason for Grievance: Attached is a copy of the original Grievance that is yet unanswered.

Detainee Signature: Adam Bone Date: 07/14/2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: Adam Bone Cellblock: A

****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: Deliberate Indifference to Redress in the Federal Court

Explain Reason for Grievance: (See Attachment)

Detainee Signature: Adam Bone

Date: 07-07-2023

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: //

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: Adam Bone Cellblock: A

****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)

Grievance: On-going Pattern of Deliberate Indifference to Inmate Medical Needs (Medication)

Explain Reason for Grievance: periods of missing medications both A.M. and P.M. with no one attempting to find out why or end the problem.

Detainee Signature: Adam Bone Date: 07/13/2023

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____ Date: _____

Staff Response: _____

Staff Officer Signature: _____ Date: _____

Fayette County Jail**Detainee/Inmate Grievance Form**

Detainee Name: _____ Cellblock: _____

****INSTRUCTIONS****

1. Print all information.
2. Provide as much information as possible.
3. Place an X in the box you are requesting information or assistance.
4. Complete (1) Detainee Grievance Form for each section checked.

Step # 1 Hearing (Correctional Officer)Grievance: Deliberate Indifference to medical Needs (Medication)Explain Reason for Grievance: (See Attachment)Detainee Signature: Adam BoneDate: 07-05-2023

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 2 Hearing (Jail Administrator)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 3 Hearing (Chief Deputy)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Step # 4 Hearing (Sheriff)

Grievance: _____

Explain Reason for Grievance: _____

Detainee Signature: _____

Date: _____

Staff Response: _____

Staff Officer Signature: _____

Date: _____

Fayette County Jail
Detainee/Inmate Request Form

Detainee Name: Adam Lynn Bone

Cell Block: A

Administration Section:

Request To Speak To The Jail Administrator

Request To Speak To a Minister

Request To Speak To My Attorney

Medication Section:

Nurse Visit \$20.00

Doctor Visit \$30.00

Dental Concern

POUCHES: WINTERGREEN, SPEARMINT

MANGO, GRAPE

☐ \$11.50

Please describe your medical problem:

I need a six month transaction ledger of my
trust fund Account Balance and transactions. Thank You.
[time Sensitive]

Detainee Signature

Adam Bone

Date:

01/04/23

Notes from Fayette Co Jail Page

2023

- July, 11 At Pm med's didn't get my Buspirone. I told the C/o's two times about it and nothing was done about it. (C/o Tyson & Logan)
- July, 12 No Buspirone at am med's 8:30 am
Got it Back Buspirone 8:30 pm Med's
- July, 13 C/o Melissa) am med's said I was out one med. I think it was (Spironolact)
- July, 18 HEART DR Visit at 8:30 am in Vandalia DR. Told me he will see me again in 3 month's So sometime in Nov, from I Doc. (JA MATT took me there)
- July, 5 Pm med's Still No Gabapentin C/o Tyson)
- July, 7 Got my Gabapentin Back at pm med's
- July, 10 At 10:30 am C/o Terry took me down to talk to Matt & Ronnie about my Dr. Visit For my Heart. HEART DR Visit is at 8:30 am on the 18 of July.

~~June, 16~~

- July, 3 Still No Gabapentin at pm Med's Kevin C/o
- June, 16 The whole time the C/o's pass out my med's ... A.C.H. also took Half the money that was sent in to me for my med's and from what I've been told that they wasn't supposed to take from anyone who hasn't been Sentence Yet. ... Adam L Bone - -24

June, 20 Matt took me up to the Town DR By
SunSet in Vandalia 8:00 am, Should
hear something By End of Week on
Heart DR.

June, 20 At 10:00 pm Started doing my blood/p
Checks C/o Kevin Said have to do them
Two Times a week now on Tuesday/
Thursdays. My Blood/p was 125-84-86
Very first one that they have done.

June, 22 P.M. med's - Blood/p 128-78-80

June, 24 The 1st of June they made a room for
the Nurse Before that they did everything
in front of The C/o's

June, 13 Still no Morning med's - Night med's got
my Potassium Back. So pm med's Good
again.

June, 14 Got all med's back at 8:30 am med line

June, 14 Seen (new) Nurse She Check me out &
Change my blood/p med's & made me a DR
visit w/ Heart DR

June, 2 At 4:45 pm I was ask to go see the
Nurse for a follow up and ~~was~~ nurse
Said (No Salt Diet) in this Jail.

... ADAM L Bone - - - 24

Notes Fayette CO Jail Pg. 3

June, 6 AUTHORIZATION for the RELEASE of
INFO From DR Penny Attaway DNP
for nurse.

June, 12 Med's at 8:30 am, 4 med's out of 9
med's, I didn't Get, "Potassium" ² Mas Oxide
³ Metropol Svecitate ⁴ Furaspmide

June, 12 At 8:30 pm didn't get 1 of 5 med's
¹ Potassium

• • • Adam L Bone - - - 24



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, or pleading to the U.S. District Court for the Southern District of Illinois for review and filing.

Adam Lynn Bone
Name

511844
ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition? Yes or No

If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254

2. Is this an Amended Complaint or an Amended Habeas Petition? Yes or No

If yes, please list case number: _____

If yes, but you do not know the case number, mark here: _____

3. Should this document be filed in a pending case? Yes or No

If yes, please list case number: _____

If yes, but you do not know the case number, mark here: _____

4. Please list the total number of pages being transmitted: 93

5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

Name of Document	Number of Pages
<u>Grievance Forms</u>	<u>28</u>
<u>COMPLAINT, 1983</u>	<u>10</u>
<u>Transaction Details</u>	<u>20</u>
<u>Motions</u>	<u>6</u>
<u>Request Forms</u>	<u>4</u>

Please note that discovery requests and responses are NOT to be filed; instead they should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfilled.

<u>Sodium Diet</u>	<u>3</u>
<u>Notes</u>	<u>3</u>
<u>Grievances</u>	<u>19</u>